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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	Herewith
First Named Inventor	Weiner et al.
Title	Imbedded Vinyl Flooring
Group Art Unit	
Examiner Name	
Attorney Docket Number	04615-0100

I hereby appoint:

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OR

03490

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☒ Practitioner(s) named below:

Name	Registration Number
Alan Ruderman	25,369
Douglas T. Johnson	31,841
Stephen J. Stark	43,152

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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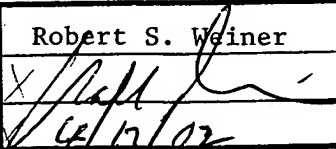
<input checked="" type="checkbox"/> Firm or Individual Name	Miller & Martin LLP				
Address	Suite 1000 Volunteer Building				
Address	832 Georgia Avenue				
City	Chattanooga	State	Tennessee	Zip	37402-2289
Country	USA				
Telephone	423.756.6600	Fax	423.785.8480		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert S. Weiner
Signature	
Date	4/17/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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☒ Firm or
Individual Name

Miller & Martin LLP

Address Suite 1000 Volunteer Building

Address 832 Georgia Avenue

City Chattanooga

State Tennessee Zip 37402-2289

Country USA

Telephone 423.756.6600

Fax 423.785.8480

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SIGNATURE of Applicant or Assignee of Record

Name John W. Waller

Signature

Date

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Examiner Name	
Attorney Docket Number	04615-0100

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☒ Firm or
Individual Name

Miller & Martin LLP

Address Suite 1000 Volunteer Building

Address 832 Georgia Avenue

City Chattanooga

State Tennessee Zip 37402-2289

Country USA

Telephone 423.756.6600

Fax 423.785.8480

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Willard Clifton Owens

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 04615/0100 32,207

First Named Inventor Weiner et al.

COMPLETE IF KNOWN

Application Number /

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMBEDDED VINYL FLOORING PRODUCT AND METHOD OF MANUFACTURE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

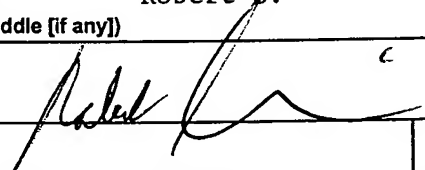
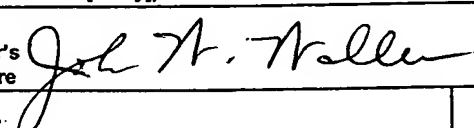
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
None			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	03490		OR <input checked="" type="checkbox"/>	Correspondence address below	
Name Alan Ruderman Miller & Martin LLP							
Address Suite 1000 Volunteer Building 832 Georgia Avenue							
City Chattanooga			State TN		ZIP 37402-2289		
Country USA			Telephone 423.756.6600			Fax 423.785.8480	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Robert S.				Family Name or Surname Weiner			
Inventor's Signature 				Date 4/17/02			
Residence: City Atlanta		State GA		Country USA		Citizenship USA	
Mailing Address 1016 Old Powers Ferry Road							
City Atlanta		State GA		ZIP 30327		Country USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) John W.				Family Name or Surname Waller			
Inventor's Signature 				Date 4/12/02			
Residence: City Ringgold		State GA		Country USA		Citizenship USA	
Mailing Address 4799 Bandy Road							
City Ringgold		State GA		ZIP 30736		Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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PTO/SB/02A (11-00)
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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Willard Clifton		Owens	
Inventor's Signature <i>Willard Owens</i>		Date <i>4/17/02</i>	
Residence: City	Chatsworth	State	GA
Country	USA	Citizenship	USA
Mailing Address 170 Ben Adams Road			
Mailing Address			
City	Chatsworth	State	GA
ZIP	30705	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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